

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

382

Primary Registration District No.

5655

Registrar's No.

625042229
STATE FILE NUMBER

FILED DEC 13 1962

1. PLACE OF DEATH

a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Hoberg

Length of stay in lb
many yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rural Rte. 2

Inside Limits
Yes ☐ No ☒

c. CITY OR TOWN Verona

d. STREET ADDRESS (If outside, give location)
Rural Rte. 2

Inside Limits
Yes ☐ No ☒

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Effa Mae Wilson

4. DATE OF DEATH
Month Day Year
December 7 1962

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
3/10/1875

9. AGE (last birthday)
87

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Lawrence County Mo.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

George Williamson

13b. MOTHER'S MAIDEN NAME

Nancy Ann Ragain

14. NAME OF HUSBAND OR WIFE

Hugh Wilson--Dec'd

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
none

17. INFORMANT
R.O. Wilson, Verona Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Arteriosclerosis 3 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12/28/59 to 12/7/62 and last saw her alive on 9/25/62
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE

12/9/62

23c. NAME OF CEMETERY OR CREMATORY

Zion Cemetery

23d. LOCATION (City, town, or county)

Mt. Vernon, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Max L. Fossett

Mt. Vernon, Mo.

25. DATE RECD. BY LOCAL REG.

12-10-62

26. REGISTRAR'S SIGNATURE

Roy Lanthorn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1550

20550

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11

1240-0

135-0

9334X

JAN 3 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Max L. Forsett

Licensed Embalmer No. 4252

P. O. Address Memphis, Tenn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.